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Bib Data Sheet

CONFIRMATION NO. 1683

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| SERIAL NUMBER 09/988,961 | FILING DATE 01/07/2002 RULE | CLASS 600 | GROUP ART UNIT 3736 | ATTORNEY DOCKET NO. | |
| APPLICANTS Shahin Ahmedov, Lefkosha, TURKEY; <i>OK</i> | | | | | |
| ** CONTINUING DATA ***** <i>none OK</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>none OK</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/08/2002 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>OK</i> Examiner's Signature Initials | | STATE OR COUNTRY TURKEY | SHEETS DRAWING 2 | TOTAL CLAIMS 1 | INDEPENDENT CLAIMS 1 |
| ADDRESS <div style="text-align: center;">AIR MAIL</div> Shahin Ahmedov P.O. Box 670 Near East University Lefkosha, K.K.T.C/Mersin , 10 TURKEY | | | | | |
| TITLE Non-invasive method of cardiac output measurement through assessment of skin thermal response | | | | | |
| FILING FEE RECEIVED 370 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |